

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

416

State File No.

Registrar's No.

FILED FEB 24 1942 291

1003

Registration District No.

Primary Registration District No.

1. PLACE OF DEATH:

(a) County.....
(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
2310 South 3rd St. /
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution.....
(Specify whether
In this community.....
years, months or days)

3. (a) PRINT FULLNAME James Marshal Hurston

3. (b) If veteran, name war no 3. (c) Social Security No.

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Mollie Hurston 6. (c) Age of husband or wife if alive 56 years
7. Birth date of deceased Jan 2, 1883
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
58 11 30 hr. min.

9. Birthplace Elco Illinois
(City, town, or county) (State or foreign country)

10. Usual occupation Carpenter

11. Industry or business.....

MOTHER FATHER { 12. Name Benjamin Hurston
13. Birthplace Illinois
(City, town, or county) (State or foreign country)
14. Maiden name Lucinda Miller
15. Birthplace Illinois
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Cloe Koch
(b) Address 2310 S. 3rd St.
17. (a) Burial (b) Date thereof Jan 5, 1941
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation St. Mathews Cemetery

18. (a) Signature of funeral director Weick Brothers Und. Co.
(b) Address 2201 S. Gram Bl.
19. (a) JAN 3 1942 (b) J. F. Brudeck
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 23
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 2310 S. 3rd St.
(If rural, give location) 0
(e) If foreign born, how long in U. S. A.?.....years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 1
year 1942 hour 12 minute 0 P. M.

21. I hereby certify that I attended the deceased from 10-28/41
....., 19....., to 1-1....., 1942
that I last saw him alive on 1-1....., 1942
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary thrombosis
Due to Chronic Bronchitis

Due to.....
Other conditions.....
(Include pregnancy within 3 months of death)

Major findings:
Of operations.....
Of autopsy.....
PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify).....
(b) Date of occurrence.....
(c) Where did injury occur?.....
(City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?

(Specify type of place)
While at work?..... (e) Means of injury.....
23. Signature J. F. Brudeck (M. D. or other) MD
Address 1803 Date signed 1-3/42

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

....., Registered Apprentice No.....
working under my personal supervision.

Signed.....

Licensed Embalmer No. 3722

P. O. Address 412 Duchouquette St.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.